



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before
receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Lab Project No. : 70121610

Received :02/12/2020 3:20

Sample Type :Drinking Water

Date Reported:02/13/2020

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70121610001	HB12	2/12/2020 7:30:00	Analysis Time	Absent	Absent	0.44
Routine Distribution	M. Layburn Squires Pond Rd.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 7:30:00 AM
70121610002	HB13	2/12/2020 7:45:00	Analysis Time	Absent	Absent	0.58
Routine Distribution	H.B. Bagel W. Montauk Hwy.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 7:45:00 AM
70121610003	HB28	2/12/2020 8:00:00	Analysis Time	Absent	Absent	0.49
Routine Distribution	Huebner Oakwood Rd.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 8:00:00 AM
70121610004	HB29	2/12/2020 8:15:00	Analysis Time	Absent	Absent	0.47
Routine Distribution	McFarland Ridgewood La.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 8:15:00 AM
70121610005	HB16	2/12/2020 8:30:00	Analysis Time	Absent	Absent	0.44
Routine Distribution	Spellman's Marine Rampasture Rd.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 8:30:00 AM
70121610006	HB34	2/12/2020 9:05:00	Analysis Time	Absent	Absent	.056
Routine Distribution	Kappers; 23 Washington Ave.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 9:05:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
unless otherwise noted.

This report shall not be reproduced except in full,
without the written approval of the laboratory.

Kimberley Mack

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Sample Type :Drinking Water

Date Reported:02/13/2020

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70121610007	HB31	2/12/2020 9:20:00	Analysis Time	Absent	Absent	0.54
Routine Distribution	C. Morgan	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 9:20:00 AM
70121610008	HB33	2/12/2020 8:50:00	Analysis Time	Absent	Absent	0.49
Routine Distribution	Rydberg; 8 Pawnee St.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 8:50:00 AM
70121610009	HB21	2/12/2020 9:25:00	Analysis Time	Absent	Absent	0.58
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT		2/13/2020 11:53:00	2/13/2020 11:53:00	2/12/2020 9:25:00 AM
70121610010	HB5	2/12/2020 9:50:00	Analysis Time	Absent	Absent	0.44
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT		2/13/2020 12:01:00	2/13/2020 12:01:00	2/12/2020 9:50:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).
Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

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N = Nitrate Removal
G = Granular Activated
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WorkOrder :

70121610

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 70121610



70121610

Client Info: HAMPTON BAYS WATER DISTRICT

Name or Code: P.O. BOX 1013

Address: HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: _____
 Attn: _____
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

**Sample Request Form
PUBLIC WATER SUPPLIER**

Date: _____

Collected By: K TUTTILL

Accepted By: W Kelly 2/12/20

Cooler Temp: _____ °C

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

☐ WELL OFF LINE

☐ WELL RUN TO SYSTEM

Sample Types

PW - Potable Water
 GW - Groundwater
 SW - Surface Water
 WW - Waste Water
 AQ - Aqueous
 S - Soil

Purpose

RO - Routine
 RE - Resample
 S - Special

Origin

D - Distribution
 RW - Raw Well
 TW - Treated Well
 T - Tank
 MW - Monitoring Well
 I - Influent
 E - Effluent

Treatment Types

AST - Air Stripper
 GAC - Granular Activated Charcoal
 N - Nitrate Removal Plant
 FE - Iron Removal Plant
 O - Other

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
2-12-20 7:30	PW	#12	D	-	RO	.44 7.20	Bact w/c	
2-12-20 7:45	PW	#13	D	-	RO	.58 7.01	Bact w/c	
2-12-20 8:00	PW	#28	D	-	RO	.49 7.21	Bact w/c	
2-12-20 8:15	PW	#29	D	-	RO	.47 7.20	Bact w/c	
2-12-20 8:30	PW	#16	D	-	RO	.44 7.11	Bact w/c	
2-12-20 9:05	PW	#34	D	-	RO	.56 7.28	Bact w/c	
2-12-20 9:20	PW	#31	D	-	RO	.54 7.01	Bact w/c	
2-12-20 9:50	PW	#33	D	-	RO	.49 7.10	Bact w/c	
2-12-20 9:25	PW	#21	D	-	RO	.58 7.03	Bact w/c	
2-12-20 9:50	PW	#5	D	-	RO	.44 7.23	Bact w/c	

Remarks:



Sample Condition Upon Receipt

Client Name:

Pr

WO#: 70121610

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

PM: KMM Due Date: 03/13/20

CLIENT: HBW

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ NoTemperature Blank Present: ☐ Yes ☐ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Type of Ice: Wet Blue None

Thermometer Used: TH091

Correction Factor: +0.2

☐ Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.9

Cooler Temperature Corrected (°C): 4.1

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: 6/2/12/20

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

			COMMENTS:
Chain of Custody Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL			
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #			Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NAOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis			Initial when completed: Lot # of added preservative: Date/Time preservative added:
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #			
Residual chlorine strips Lot #			
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):			

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: